

NEW PATIENT INFORMATION SHEET

Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Street address (no P.O.) if different from mailing: _____

Home Phone: _____ Work Phone: _____

Mobile: _____ Email: _____

Date of Birth: _____ Age: _____ Gender: _____

Social Security Number: _____

Marital Status: Single Married Separated Divorced Widowed

Occupation: _____ Employer: _____

In case of emergency, contact: _____ *Phone:* _____

Relationship to patient: _____

Referred by: _____ Phone: _____

Personal Physician: _____ Phone: _____

What services are you seeking? _____

Are you currently involved in litigation? _____

Attorney's Name: _____

If injured, was injury due to auto accident? _____ Date of accident: _____

Is this a workers' compensation claim? _____ Date of Injury: _____

Do you have a legal guardian? _____ Name of guardian: _____

Phone number: _____ Relationship to Patient: _____

Is he/ she a guardian of person, property, or both? _____

PRIMARY INSURANCE: Insurance Carrier: _____

Insured's Name: _____ Relationship to Patient: _____

Insured's Date of Birth: _____ Insured's Social Security Number: _____

Member ID number: _____ Policy Number: _____ Group Number: _____

SECONDARY INSURANCE: Insurance Carrier: _____

Insured's Name: _____ Relationship to Patient: _____

Insured's Date of Birth: _____ Insured's Social Security Number: _____

Home Phone: _____ Work Phone: _____

Member ID number: _____ Policy Number: _____ Group Number: _____

AUTHORIZATION OF RELEASE AND ASSIGNMENT OF BENEFITS: I hereby authorize Rachel Lacy, Psy.D., P.C. to provide information requested by insurance companies with whom I have the coverage in order to process insurance benefits. I hereby authorize payment of benefits directly to Rachel Lacy, Psy.D. I understand that I am responsible to Dr. Lacy for the charges not covered by this agreement.

Responsible Party Signature Relationship to Patient Date

Billing Agreement

Your signature below acknowledges that you accept responsibility for payment of services rendered by Rachel Lacy, Psy.D. Payment for all visits is due at the time that services are provided unless other arrangements are made prior to treatment.

If Dr. Lacy is on your insurance panel, you will be responsible for any co-pay or deductible and we will submit your claim for the balance due. Dr. Lacy is a Medicare provider and will file Medicare claims for you. You will only be responsible for the portion that Medicare assigns to you as your responsibility.

If Dr. Lacy is not on your insurance panel (out-of-network provider), you may still be entitled to benefits from your insurance company, but Dr. Lacy's full fees are ultimately your responsibility regardless of the insurance reimbursement. You acknowledge that you are responsible for all fees not covered by your insurance. We will provide necessary documentation for you to file your insurance claim unless other arrangements are agreed upon prior to treatment. In most cases, you will need to pay for services at the time of your session and you will be reimbursed by your insurance company. Master Card and Visa are available for your convenience and debit cards are also accepted.

If you have not made a payment on your account for more than 60 days, including payments agreed upon as part of a payment plan, we will submit the charge for your full balance to your credit card using the credit card information you provide on this form. Payment plans for testing are available; however, as part of your agreement, steady payments must be made each month to keep the account up to date. We also reserve the right to send delinquent accounts to collections or pursue legal action if necessary if you fail to pay the balance of your account.

I have read and agree to the billing policy outlined above and accept responsibility for payment of services rendered by Rachel Lacy, Psy.D. For payment of this account, I waive all claims of exemption under the State of Georgia and agree to pay if necessary all costs of collection. I understand that my appointment time is reserved for me and that the office of Dr. Lacy requires 24 hour notice of cancellation or a fee will be charged for the time reserved. I also understand insurance does not reimburse for missed appointments and I will be responsible for the full fee.

Patient/ Guardian Signature

Date

Credit Card Number; _____ **(Mastercard or Visa)**

Expiration Date: _____ **3 Digit CVV code:** _____ **Billing Zip Code:** _____

Name on Card: _____

Authorized Signature matching name on card: _____

PSYCHOTHERAPIST- PATIENT AGREEMENT (Revision 1/18)

Welcome to the neuropsychology and therapy practice of Rachel Lacy, Psy.D., P.C. This agreement contains important information about our professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that we provide you with a Notice of Privacy Practices for use and disclosure of PHI. The Notice, which is attached to this Agreement, explains HIPAA and its application to your personal health information in greater detail. The law requires that we obtain your signature acknowledging that we have provided you with this information. Although these documents are long and sometimes complex, it is very important that you read them carefully before your first meeting with your therapist. You can discuss any questions you have about the procedures at that time. When you sign this document, it will also represent an agreement between you and your therapist. You may revoke this Agreement in writing at any time. That revocation will be binding unless we have taken action in reliance on it; *if there are* obligations imposed on us by your health insurer in order to process or substantiate claims made under your policy; *or* if you have not satisfied any financial obligations you have incurred.

PSYCHOLOGICAL SERVICES

Rachel Lacy, Psy.D., P.C. provides evaluation and treatment services. Dr. Lacy evaluates people with a wide range of problems and uses a variety of evaluation procedures. Depending on the circumstance of your referral, you may or may not receive a copy of the report Dr. Lacy produces, or feedback about the results. For instance, Workers' Compensation evaluations do not allow release of the report to claimants from Dr. Lacy and sometimes they do not allow feedback sessions. There are other similar circumstances, usually in legal cases or independent medical evaluations. Evaluations can have benefits and risks. Most people find that the results of the evaluations help them to understand and address their problems more effectively. Some people, particularly when evaluations have legal implications, may find that the evaluations do not help their case. If an evaluation is rendered invalid due to lack of effort, then the results are considered uninterpretable, so it is crucial that patients try their best on all testing measures. **Please note that an evaluation does not imply a therapeutic relationship or doctor-patient relationship.** You were likely referred for the sole purposes of a psychological or neuropsychological evaluation, and any treatment (discussed below) is not implied, or part of the evaluation.

We provide various treatment services including brief psychotherapy (usually 10 sessions), as well as cognitive rehabilitation and chronic pain management. Therapy can be provided by Dr. Lacy, or one of her employed therapists. Any type of psychological treatment can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. However, there are no guarantees of what you will experience. Your first few sessions will involve an evaluation of your needs. By the end of the evaluation, your therapist will be able to offer you some first impressions of what your work will include, and you will develop a treatment plan together to follow if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel

comfortable working with your therapist. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. It is important that you and your therapist both feel that you can work together. If you have questions about these procedures, you should discuss them whenever they arise. If your doubts persist, your therapist will be happy to help you set up a meeting with another mental health professional for a second opinion. Due to the fact that Dr. Lacy's therapy case load is limited, she may refer you to another mental health professional if she does not have the availability necessary to address your needs, or if your required treatment is outside her area of expertise. She will work with you to develop a plan that best meets your needs. If you are seeing another therapist in the practice, they will also discuss with you if your needs meet the services that they can provide.

MEETINGS:

Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation [*unless we both agree that you were unable to attend due to circumstances beyond your control.*] It is important to note that insurance companies do not provide reimbursement for cancelled sessions, so you will be responsible for the charge for a missed session. The fee is the full charge of the missed appointment. If you miss a day of testing, you will be charged for \$250 for your missed appointment. One exception to the cancellation policy is in regards to illness. We prefer that if you are sick on the day of your appointment that you stay home and take care of yourself. In that case, we appreciate the fact that you do not want to risk spreading your illness to anyone in this office. Though we always dislike having to, there have been instances when we have had to cancel due to illness of the therapist on the day of scheduled appointment. Illness happens to all of us. If you have the flu, or you are vomiting, have diarrhea, or are running a fever, please call to reschedule your appointment. You will not be charged in these instances.

MATTERS OF COURTESY:

Please note that using cell phones is not permitted in the waiting room in order to ensure the comfort of others. Cell phones will not be allowed to be turned on during testing or therapy sessions, as they are a distraction. Many tests are timed and influenced by attention, and a cell phone can affect your performance. Also, due to today's technology, you should be aware that confidentiality cannot be assured if your cell phone is turned on. For your protection regarding confidentiality, the phone must be turned off (not just on silent) during therapy sessions. **There are no exceptions to this request.** If you choose to leave your cell phone on, any breach of confidentiality that occurs as a result is your responsibility and we will not be held liable for it.

PERFUMES/COLOGNES: Members of our office (including Dr. Lacy) and many of my patients are chemically sensitive, meaning that chemicals and perfumes may cause asthma or various allergic reactions. We ask that you do not wear cologne or perfume, or any scented products when you come to our office. Your consideration in this matter is much appreciated.

PROFESSIONAL FEES:

As mentioned, we provide therapy and evaluation services. Dr. Lacy also provides services under Worker's Compensation, for which she will accept the Worker's Compensation Fee Schedule. You will not be billed for services authorized by Workers' Compensation. If yours is a legal case, Dr. Lacy's fees are higher due to the amount of work involved and the level of services rendered, and the amount charged will reflect the total number of hours spent on the evaluation. Dr. Lacy has a separate fee agreement form for attorneys to sign in those instances.

Dr. Lacy's standard fees for non-legal cases are as follows:

Initial Diagnostic Interview:	\$200.00 per hour	(typically one hour)
Neuropsychological Testing:	\$200.00 per hour	(Including testing time, scoring, interpretation and report writing)
Feedback or Results Session:	\$200.00	(55 minute session)
Individual/ Family Psychotherapy:	\$140.00	(per 45 minute session)
	\$150.00	(per 54-60 minute session)

Courtney Baron, M.A., LPC

Initial Diagnostic Interview	\$100.00	(typically one hour)
Psychotherapy	\$85.00	(per 54-60 minutes of therapy)

In addition to weekly appointments, we charge the above amounts for other professional services you may need, though we will break down the hourly cost if we work for periods of less than, or more than one hour. Other services include additional report writing, letters, disability forms, telephone conversations lasting longer than 8 minutes (service is charged to the closest 15 minutes), time consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request. If you become involved in legal proceedings that requires our participation, you will be expected to pay for all of our professional time, including preparation and transportation costs, even if we are called to testify by another party. Because of the difficulty of legal involvement, there is a different fee schedule for preparation and attendance at any legal proceeding.

HOW TO CONTACT US

Due to Dr. Lacy's work schedule, she is often not immediately available by telephone. You will often need to leave a message in the general voice mail box, which we check regularly throughout the day Monday through Thursday. We will make every effort to return your call within 24 hours, with the exception of weekends and holidays. If we will be unavailable for an extended time, we will provide you with the name of a colleague to contact, if necessary. If it is a dire, life threatening emergency, you should go to the nearest emergency room and ask for the psychiatrist on call and not wait for our return call.

Electronic communications: You may be given your therapist's cell number for emergency cancellations. We ask that you refrain from texting personal information to that number, though you may text if you are simply late and would like us to know, or would like to cancel or reschedule an appointment. Our email address should also be used only to arrange appointment times if you need to reschedule. **Please do not include personal confidential information in any text message or email.** This is for your protection. If you choose to include information that is private, we will not be held responsible for any use of such information by any third party that may gain access to your email or text information. It is ***your responsibility*** to be careful with what information you choose to put in an electronic communication.

SOCIAL MEDIA AND DUAL RELATIONSHIPS: Due to legal and ethical considerations, we will not "friend" or accept a request to connect with a patient on any social media site, including, but not limited to, Facebook,

Twitter, Instagram, or LinkedIn. Therapy is not a friendship, but a working relationship where you have a protected, confidential space with which to work on yourself and resolve your personal struggles with the assistance of a trained, objective professional. Planned, outside social contact is also not allowed, such as lunches or coffee meetings. If we meet in a public arena, we are not allowed to approach you, but we can speak to you after you speak to us. This is to protect your confidentiality and your private life outside of the office.

LIMITS ON CONFIDENTIALITY: The law protects the privacy of all communications between a patient and a psychologist or psychotherapist. In most situations, we can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written, advance consent. Your signature on this Agreement provides consent for these activities:

- ❑ We may occasionally find it helpful to consult other health and mental health professionals about a case. This is a standard practice in the field of psychology to offer and receive consultation about cases. During a consultation, we make every effort to avoid revealing the identity of our patient. The other professionals are also legally bound to keep the information confidential. If you don't object, we will not tell you about these consultations unless we feel that it is important to our work together. We will note all consultations in your Clinical Record (which is called "PHI" in the Notice of Psychologist's Policies and Practices to Protect the Privacy of Your Health Information).
- ❑ You should be aware that we employ administrative staff. Information will be shared with administrative staff to the extent necessary for business functions, such as insurance filings, to be performed.
- ❑ We also have contracts with a software billing company, a computer technician, and CPA. As required by HIPAA, we have a formal business associate contract with these businesses, in which they promise to maintain the confidentiality of this data except as specifically allowed in the contract, or otherwise required by law. If you wish, we can provide you with the names of these organizations and/or a blank copy of this contract.
- ❑ Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement.
- ❑ If a patient threatens to harm himself / herself, we may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

There are some situations where I am permitted or required to disclose information without either your consent or Authorization:

- ❑ If you are involved in a court proceeding and a request is made for information concerning my professional services, such information is protected by the psychologist-patient privilege law. I cannot provide any information without your written authorization, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.

- ❑ If a government agency is requesting the information for health oversight activities, I may be required to provide it for them. Social Security Disability is once such agency.
- ❑ If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.
- ❑ If a patient files a worker's compensation claim, and we are providing treatment related to the claim, we must, upon appropriate request, furnish copies of **all** medical reports and bills.
- ❑ If a patient is referred for an Independent Medical Examination, Dr. Lacy will release the report without the patient's authorization, as that is a condition of the referral. You will not receive a copy of Dr. Lacy's report in this instance.

There are some situations in which your therapist is legally obligated to take actions. These situations are in which your therapist believes she needs to attempt to protect others from harm, and she may have to reveal some information about the patient's treatment. These situations are unusual in this practice.

- ❑ If your therapist has reason to believe that a child, senior citizen, or disabled person has been abused or neglected, the law requires that your therapist file a report with the appropriate governmental agency, usually the Department of Human Resources. Once such a report is filed, your therapist may be required to provide additional information.
- ❑ If your therapist determines that a patient presents a serious danger to themselves or to another, your therapist may be required to take protective actions. These actions may include notifying the potential victim, and/or contacting the police, and/or seeking hospitalization for the patient.

If such a situation arises, your therapist will make every effort to fully discuss it with you before taking any action and will limit disclosure to what is necessary.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex, and we are not attorneys. In situations where specific advice is required, formal legal advice may be needed.

PROFESSIONAL RECORDS: You should be aware that, pursuant to HIPAA, Protected Health Information about you is kept in two sets of professional records. One set constitutes your Clinical Record. It includes information about your reasons for seeking evaluation or treatment, a description of the ways in which your problem impacts on your life, your diagnosis, the goals that are set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that we receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier. You or your legal representative may examine and/or receive a copy of your Clinical Record, if you request it in writing, except in unusual circumstances that involve danger to yourself or others, or makes reference to another person (unless such other person is a health care provider), or if it

is believed by your therapist that access is reasonably likely to cause substantial harm to such other person or if information is supplied to your therapist confidentially by others (you can elect to put this information in your psychotherapy notes, see below). Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, it is recommend that you initially review them in the presence of your therapist, or have them forwarded to another mental health professional so you can discuss the contents. The exceptions to this policy are contained in the attached Notice Form. If your therapist refuses your request for access to your records, you have a right of review (except for information provided to us confidentially by others), which your therapist will discuss with you upon request.

In addition, most therapists keep a set of Psychotherapy Notes. These Notes are for our own use and are designed to assist in providing you with the best treatment. While the contents of Psychotherapy Notes vary from client to client, they can include the contents of our conversations, our analysis of those conversations, and how they impact on your therapy. They also contain particularly sensitive information that you may reveal to us that is not required to be included in your Clinical Record [and information supplied to us confidentially by others]. When Psychotherapy Notes are present, they are kept separate from your Clinical Record. Your Psychotherapy Notes are not available to you and cannot be sent to anyone else, including insurance companies without your written, signed Authorization. Insurance companies cannot require your authorization as a condition of coverage, nor penalize you in any way for your refusal to provide it. Your medical record is kept for a total of 7 years according to law, after which paper records are shredded and electronic records are deleted.

PATIENT RIGHTS: HIPAA provides you with several new or expanded rights with regard to your Clinical Record and disclosures of protected health information. These rights include requesting that we amend your record; requesting restrictions on what information from your Clinical Record is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the attached Notice form, and my privacy policies and procedures. I am glad to discuss any of these rights with you.

MINORS & PARENTS: Patients under 18 years of age who are not emancipated and their parents should be aware that the law allows parents to examine their child's treatment records unless I believe that doing so would endanger the child, or we agree otherwise. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, it is our policy to request an agreement from parents that they consent to give up their access to their child's records. If they agree, during treatment, your therapist will provide them only with general information about the progress of the child's treatment, and his/her attendance at scheduled sessions. Your therapist will also provide parents with a summary of their child's treatment when it is complete. Any other communication will require the child's assent, unless your therapist feels that the child is in danger or is a danger to someone else, in which case, your therapist will notify the parents of any concern. Before giving parents any information, the therapist will discuss the matter with the child, if possible, and do their best to handle any objections he/she may have.

BILLING AND PAYMENTS: You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. Charges for other professional services, such as evaluations, will be agreed to when they are requested. You must provide a valid credit card number for your account balances or making monthly payments. *You agree that if 60 days have gone by, and you have not made or arranged monthly payments, the balance of your account can be charged in total to the credit card on file.* If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, we have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court which will require us to disclose otherwise confidential information. In most collection situations, the only information we release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim.

INSURANCE REIMBURSEMENT: In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. Our office will fill out forms and provide you with assistance to help you receive the benefits to which you are entitled; **however, you (not your insurance company) are responsible for full payment of incurred fees.** It is very important that you find out exactly what mental health services your insurance policy covers. You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course, we will provide you with whatever information we can based on our experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, we will be willing to call the company on your behalf. However, it is often helpful for you to call as you can sometimes achieve more in doing so than when we simply call for you.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans such as HMOs and PPOs often require authorization before they provide reimbursement for testing and mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While much can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end.

You should also be aware that your contract with your health insurance company requires that we provide them with information relevant to the services that we provide to you. We are required to provide a clinical diagnosis. Sometimes we are required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record, including psychological and neuropsychological reports. In such situations, we will make every effort to release only the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, we have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank.

Your therapist will provide you with a copy of any report that is submitted, if you request it. By signing this Agreement, you agree that we can provide requested information to your carrier.

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end your sessions. It is important to remember that you always have the right to pay for our services yourself to avoid the problems described above [unless prohibited by contract]. **By signing this agreement, you also acknowledge that you are ultimately responsible for payment of services rendered.** Therefore, if your insurance does not pay what was expected, you will be billed for the remaining amount.

TERMINATION OF TREATMENT: Treatment ends usually upon mutual agreement between you and your therapist. Our goal is to help you reach a point of health and independence where you no longer need therapy. When you reach this point, you or your therapist may initiate a discussion regarding ending treatment. It is usually standard to have a “termination session,” which is one session to summarize your treatment progress, address any lingering issues, and provide an opportunity for you and your therapist to say farewell.

Treatment may end for other reasons, such as changes in insurance or finances that may cause you to change therapists or temporarily suspend therapy, failure to comply with treatment recommendations, or a mismatch between you and the therapist that prevents you working together successfully. These issues are also discussed prior to ending treatment, or transferring to another therapist. **If you have not had a termination session, and you have not made an appointment in 90 days, your file will be automatically closed.** If at a future time you wish to return, you are welcome to call and see if the therapist is available to resume therapy based on their schedule at the time. Please note, any outstanding balance on your account remains your responsibility and is not dependent on whether or not you are an “active” patient.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Patient/ Guardian Signature

Date

Therapist Signature

Date